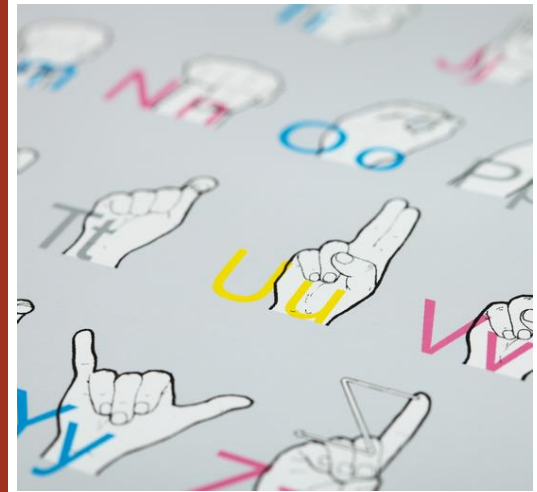


School-Based Health Services Medicaid Policy Manual

Speech, Language and Audiology Services MODULE 3



Administrative Requirements

BACKGROUND

- School-Based Health Services are regulated by the Centers of Medicaid and Medicare Services(CMS) and administered by the West Virginia Department of Health and Human Resources (WVDHHR) through the Bureau for Medical Services (BMS).
- Local Education Agencies (LEAs) are enrolled in Medicaid to be a providers. In doing so, LEAs must conform to state and federal rules and confidentiality requirements.
- LEAs must cooperate fully with the Bureau for Children and Families (BCF) and court systems.

Administrative Requirements (continued)

- All Medicaid members (students with Medicaid cards) and/or their parents or guardians have the right to freedom of choice when choosing a provider for treatment.
- All Medicaid providers should coordinate care if a member has different Medicaid services at different sites.
- Appropriate releases of information should be signed and in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
- Service Plans are required.

Administrative Requirements (continued)

MEMBER ELIGIBILITY

School-Based Health Services includes medically necessary covered health care services pursuant to an Individual Education Plan (IEP) provided by or through the West Virginia Department of Education (DOE) or a Local Education Agency (LEA).

SERVICES AND SUPPLIES THAT ARE:

- Appropriate and necessary for the symptoms, diagnosis or treatment of an illness.
- Provided for the diagnosis or direct care of an illness.
- Within the standards of good practice.
- Not primarily for the convenience of the plan member or provider.
- The most appropriate level of care that can be safely provided.

Medical Necessity (continued)

Must be demonstrated throughout the provision of services. For these types of services, the following five factors will be included as part of this determination:

- Diagnosis (as determined by a physician or licensed psychologist)
- Level of functioning
- Evidence of clinical stability
- Available support system
- Service is the appropriate level of care

Rounding Units of Service

- Services covered by Medicaid are, by definition, either based on the time spent providing the service or episodic. Units of service based on an episode or event cannot be rounded.
- Many services are described as being “planned,” “structured,” or “scheduled.” If a service is planned, structured, or scheduled, this would assure that the service is billed in whole units; therefore, rounding is not appropriate.

The following services are eligible for rounding:

- Services with 15 minute units.

In filing claims for Medicaid reimbursement for a service eligible for rounding, the amount of time documented in minutes must be totaled and divided by the number of minutes in a unit. The result of the division must be rounded to the nearest whole number in order to arrive at the number of billable units. After arriving at the number of billable units, the last date of service provision must be billed as the date of service. The billing period cannot overlap calendar months. Only whole units of service may be billed.

Rounding Units of Service (continued)

Jan. 1	Jan. 2	Jan. 3	Correct Billing
5 min.-Speech	5 min.-Speech	5 min.-Speech	Bill 15 minutes Speech for January 3.
Jan. 1	Correct Billing		
15 min.-Speech	Bill 15 minutes for Speech for January 1		
Jan. 29	Jan. 30	Feb. 1	Correct Billing
5 min.-Speech	5 min.-Speech	5 min.-Speech	Cannot bill due to a new calendar month beginning
Jan. 1	Jan. 2	Jan. 3	Correct Billing
5 min. - Speech	10 min.-Speech	10 min.-Speech	Bill 15 minutes for Speech on January 3
Jan. 1	Jan. 2	Jan. 3	Correct Billing
5 min. - Speech	Absent from school or no Medicaid Services provided	10 min. - Speech	Bill 15 minutes for Speech on January 3

- BMS encourages providers that have the capability to render services via Telehealth to allow easier access to services for WV Medicaid Members. To utilize Telehealth, providers will need to document that the service was rendered under that modality.
- When filing a claim, the provider will bill the service code with a “GT” modifier. Each service in the manual is identified as “Available” or “Not Available” for Telehealth. Some service codes give additional instruction and/or restriction for Telehealth as appropriate.

Telehealth (continued)

- All Medicaid conditions and regulations apply to Telehealth services unless otherwise specified the BMS Provider Manual, Chapter 538.
- The provider must have an appropriately trained employee of the facility available in the building at all Telehealth contacts with a member. Appropriately trained is defined as trained in systematic de-escalation that involves patient management.
- The health care agency or entity enrolled as a WV Medicaid provider has the ultimate responsibility for the care of the patient. The practitioner performing services via telemedicine, whether from West Virginia or out of state, must meet the credentialing requirements contained within the BMS Provider Manual, Chapter 538.
- Telehealth providers must have in place a systematic quality assurance and improvement program relative to Telehealth services that is documented and monitored.

Telehealth (continued)

- The practitioner who delivers the service to a member shall ensure that any written information is provided to the member in a form and manner which the member can understand using reasonable accommodations when necessary. Member's consent to receive treatment via Telehealth shall be obtained and may be included in the member's initial general consent for treatment.
- If the member (or legal guardian) indicates at any point that he or she wishes to stop using the technology, the service should cease immediately, and an alternative method of service provision should be arranged.
- For Further information and provider responsibilities regarding Telehealth services, refer to the Administration Services Training Module 1.

Speech, Language & Audiology Services

Speech and audiology services must be ordered by a physician, physician assistant or advanced practice registered nurse and provided by or under the direction of an enrolled licensed speech therapist and or audiologist.

SPEECH LANGUAGE PATHOLOGIST (SLP)

To render speech language pathology services to Medicaid members under School-Based Health Services, the SLP must be licensed by the West Virginia Board of Speech-Language Pathology and Audiologist and must comply with all rules and regulations under WV Code §30-32-1 through 30-32-23.

SCHOOL SPEECH LANGUAGE PATHOLOGY ASSISTANTS (SSLPA)

To render speech language pathology services to Medicaid members under School-Based Health Services, the SSLPA must have an associate's degree, bachelor's degree or master's degree in speech pathology. The SSLPA will be supervised by an SLP associated with the LEA they are employed with. The SLP is not required to directly supervise the SSLPA but must be available in case of any emergent issues.

Speech, Language & Audiology Services (continued)

NON-COVERED SERVICES FOR SPEECH, LANGUAGE AND AUDIOLOGY SERVICES

Speech, language and audiology services **not** covered by West Virginia Medicaid include, but are not limited to, the following:

- Evaluations by the School Speech-Language Pathology Assistant (SSLPA).
- Experimental/investigative services/procedures for research purposes.
- Evaluations provided by an employee or an individual that has a financial interest with providers of devices.
- Speech therapy services provided to individuals who are not Medicaid eligible on the date of service by persons not duly certified to provide the services.
- Speech therapy services to members showing no progress in treatment/therapy.
- Upgrades to or subsequent versions of the speech generating device software program or memory modules that may include enhanced features or other improvements.
- Any device that is not a dedicated augmentative communication/speech generating device or can run software for purposes other than speech generating device (e.g., word processing application, accounting program, or other non-medical functions).
- Augmentative communication/speech generating systems or devices intended to meet social, educational, vocational or non-medical needs.
- Any device that allows input of information via a pen-based system using a stylus and handwriting recognition software, keyboard, or downloaded from a personal computer using special cables and software.

NON-COVERED SERVICES FOR SPEECH, LANGUAGE AND AUDIOLOGY SERVICES (continued)

- Multiple augmentative communication or software programs that perform the same essential function are considered a duplication of services and are not medically necessary.
- Laptop computers or desktop computers which may be programmed to perform the same function as a speech generating device.
- Printers (which are not a built-in component of a augmentative communication/speech generating device), printer paper, printer cables.
- Environmental control devices which are not a built in component.
- Purchase of a new PC, repair or replacement of a previously owned PC or any related hardware.
- Extended vocabulary software packages.
- An augmentative communication device provided without severe speech impairment.
- Rental of hearing aids.
- Hearing aids, hearing aid evaluations and fittings for members 21 years and older.
- Personal frequency modulation (FM) Systems.
- Assistive technology devices that are maintained at a school facility for the general use of disabled students and assistive technology services related to the use of such devices.
- Upgrading of hearing aids to accommodate school facility FM systems.

Speech, Language & Audiology Services (continued)

Speech therapy is deemed not medically necessary when the member has:

- Reached the highest level of functioning and is no longer progressing; OR
- The established plan of care goals and objectives is met; OR
- The established plan of care does not require the skills of a speech-language therapist/pathologist; OR
- The member or his/her legal representative has demonstrated the knowledge and skill of providing the speech therapy regime themselves.

REQUIRED DOCUMENTATION

A written referral from the treating/prescribing practitioner with pertinent clinical documentation for service(s) requested. The referral must include, but is not limited to, the member's name, date of referral, type of service requested, frequency and duration of treatment, diagnosis, and physician, APRN, or PA's signature. Supporting documentation must not be more than six months old.

- The service plan must include, but is not limited to, the date the plan was developed; diagnosis; short and long-term functional goals; measurable treatment objectives; frequency and duration of treatment; education/training in speech therapy or hearing devices for the member or their legal representative to attain maximum rehabilitation; prognosis; date discussed with member or legal representative; signature and date of the member or legal representative agreeing to the treatment; date; and signature and title of the individual providing treatment. The Plan of Care may be developed from information found in the Individual Education Plan.

REQUIRED DOCUMENTATION

- An audiology evaluation with audiometric results which cannot be more than six months old prior to dispensing the hearing aid.
- Codes 92521, 92522, 92523 and 92524 are used to report evaluation of speech production, receptive language, and expressive language abilities. Tests may examine speech sound production, articulatory movements of oral musculature, the patient's ability to understand the meaning and intent of written and verbal expressions, and the appropriate formulation and utterance of expressive thought.

Speech, Language & Audiology Services (continued)

Evaluation of Speech Fluency

Procedure Code: 92521
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: One event per year
SLPA cannot render this service

Staff Credentials: Must be performed by a West Virginia licensed speech pathologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: An integrated evaluation to determine speech fluency, e.g., stuttering, cluttering etc.

Documentation: Documentation must contain the following and be completed in 20 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Evaluation of Speech Sound Production

Procedure Code:	92522
Service Unit:	Event (completed evaluation)
Telehealth:	Available
Service Limits:	One event per Year
	Cannot be billed the same day as 92523
	SSLPA cannot render this service

Staff Credentials: Must be performed by a West Virginia licensed speech pathologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: An integrated evaluation to determine speech sound production (e.g., articulation, phonological process, apraxia, and dysarthria).

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

Date of service

- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Evaluation of Speech Sound Production with Evaluation of Language Comprehension

Procedure Code:	92523
Service Unit:	Event (completed evaluation)
Telehealth:	Available
Service Limits:	One event per year Cannot be billed the same day as 92522 SSLPA cannot render this service

Staff Credentials: Must be performed by a West Virginia licensed speech pathologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: An integrated evaluation to determine speech sound production (e.g., articulation, phonological process, apraxia, and dysarthria with evaluation of language comprehension and expression e.g.; receptive and expressive language).

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Behavioral and Qualitative Analysis

Procedure Code: 92524
Service Unit: Event (completed evaluation)
Telehealth: Available
Service Limits: One event per year
SSLPA cannot render this service

Staff Credentials: Must be performed by a West Virginia licensed speech pathologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: An integrated evaluation to determine behavioral and qualitative analysis of voice and resonance.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Speech Auditory Threshold

Procedure Code: 92555
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: One event per year
SSLPA cannot render this service

Staff Credentials: Must be performed by a West Virginia licensed audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: An integrated evaluation to determine speech audiometry threshold.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Beskey; Diagnostic

Procedure Code: 92561
Service Unit: Event (completed evaluation)
Telehealth: Available
Service Limits: One event per year
SSLPA cannot render this service

Staff Credentials: Must be performed by a West Virginia licensed speech pathologist or audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Beskey Diagnostic Test.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Loudness Balance Test

Procedure Code: 92562
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: One event per year
SSLPA cannot render this service

Staff Credentials: Must be performed by a West Virginia licensed Speech-language pathologist **or** audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Loudness Balance Test, alternate binaural or monaural.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Tympanometry

Procedure Code: 92567
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: One event per year
SSLPA cannot render this service

Staff Credentials: Must be performed by a West Virginia, licensed registered nurse, licensed speech pathologist **or** audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Tympanometry (impedance testing).

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Acoustic Reflex Testing

Procedure Code: 92568
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: One event per year

Staff Credentials: Must be performed by a West Virginia licensed audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology .

Definition: Acoustic Reflex Testing; threshold.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Acoustic Immittance Testing

Procedure Code: 92570
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: Four events per year
SSLPA cannot render this service

Staff Credentials: Must be performed by a West Virginia, licensed registered nurse, licensed speech pathologist **or** audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Acoustic Immittance Testing includes tympanometry (impedance testing) acoustic reflex threshold.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Filtered Speech Test

Procedure Code: 92571
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: One event per year

Staff Credentials: Must be performed by a West Virginia licensed audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Filtered Speech Test.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Conditioning Play Audiometry

Procedure Code: 92582
Service Unit: Event (completed evaluation)
Telehealth: Available
Service Limits: Four events per year

Staff Credentials: Must be performed by a West Virginia licensed audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Conditioning Play Audiometry.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Select Picture Audiometry

Procedure Code: 92583
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: One event yearly

Staff Credentials: Must be performed by a West Virginia licensed speech pathologist **or** audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Select Picture Audiometry.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Distortion Product Evoked Otoacoustic Emission

Procedure Code: 92587
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: Four events per year

Staff Credentials: Must be performed by a West Virginia licensed audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Distortion Product Evoked Otoacoustic Emission; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Basic Vestibular Evaluation

Procedure Code: 92540

Service Unit: Event (completed evaluation)

Telehealth: Unavailable

Service Limits: Two events per year

Cannot be billed in conjunction with 92541, 92542, 92544 or 92545

Staff Credentials: Must be performed by a West Virginia licensed audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Basic Vestibular Evaluation includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording positional hystagmus test, minimum of 4 positions, with recording optokinetic nystagmus test bidirectional foveal and peri-heral stimulation, with recording and oscillating tracking test, with recording.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Hearing Aid Examination -Monaural

Procedure Code: 92590
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: Two events per year

Staff Credentials: Must be performed by a West Virginia licensed audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Hearing Aid Examination and selection; monaural.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Hearing Aid Examination-Binaural

Procedure Code: 92591
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: Two events per year

Staff Credentials: Must be performed by a West Virginia licensed audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Hearing Aid Examination and selection; binaural.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Hearing Aid Check-Monaural

Procedure Code: 92592
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: Four events per year

Staff Credentials: Must be performed by a West Virginia licensed speech pathologist **or** audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Hearing Aid Check; monaural.

Documentation: Documentation must contain the following and be completed in 20 calendar days from the date of service:

- Date of service
- Location of service
- Provider's signature with credentials
- Documentation with results of check
- Appropriate recommendations consistent with the findings of the check

Speech, Language & Audiology Services (continued)

Hearing Aid Check-Binaural

Procedure Code: 92593
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: Four events per year

Staff Credentials: Must be performed by a West Virginia licensed speech pathologist **or** audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Hearing Aid Check; binaural.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Provider's signature with credentials
- Documentation with results of check
- Appropriate recommendations consistent with the findings of the check

Speech, Language & Audiology Services (continued)

Electroacoustic Evaluation for Hearing Aid; Monaural

Procedure Code: 92594
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: Four events per year

Staff Credentials: Must be performed by a West Virginia licensed audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Electroacoustic Evaluation for Hearing Aid; monaural.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of evaluation
- Evaluator's signature with credentials
- Presenting problem
- Duration and frequency of symptoms
- Member's diagnosis per current ICD methodology
- Medicaid member's prognosis and rationale
- Rationale for diagnosis
- Appropriate recommendations consistent with the findings of the evaluation

Speech, Language & Audiology Services (continued)

Ear Protector Attenuation Measurements

Procedure Code: 92595
Service Unit: Event (completed evaluation)
Telehealth: Unavailable
Service Limits: One event per year

Staff Credentials: Must be performed by a West Virginia licensed audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology.

Definition: Ear Protector Attenuation Measurements.

Documentation: Documentation must contain the following and be completed in 35 calendar days from the date of service:

- Date of service
- Location of service
- Physician, Physician Assistant, and/or APRN order for the evaluation
- Purpose of measurements
- Evaluator's signature with credentials
- Presenting problem
- Member's diagnosis per current ICD methodology
- Documentation of measurements

Speech, Language & Audiology Services (continued)

Group-Speech, Language, -Voice, Communication, Auditory Processing

Procedure Code: 92508
Service Unit: 15 minute unit
Telehealth: Available
Service Limits: Sixteen -15 minute units per calendar month

Staff Credentials: Must be performed by a West Virginia licensed speech pathologist **or** audiologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology . SSLPA can render this service.

Definition: Treatment of speech, language, voice, communication, and/or auditory processing disorder; group.

Documentation must contain the following:

Documentation must indicate how often this service is to be provided. There must be a progress note describing each service provided, the relationship of the service to the identified speech therapy needs, and the member's response to the service. The progress note must include the reason for the service, symptoms and functioning of the member, a therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change, and the member's response to the intervention and/or treatment.

Documentation must also include the following:

- Signature with credentials
- Place of service
- Date of service
- Start-and-stop times

Speech, Language & Audiology Services (continued)

Individual -Speech, Language, -Voice, Communication, Auditory Processing

Procedure Code: 92507
Service Unit: 15 minute unit
Telehealth: Available
Service Limits: Sixteen-15 minute units per calendar month

Staff Credentials: Must be performed by a West Virginia licensed speech pathologist in good standing with the West Virginia Board of Examiners for Speech-Language Pathology & Audiology. SSLPA can render this service.

Definition: Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual.

Documentation must contain the following:

Documentation must indicate how often this service is to be provided. There must be a progress note describing each service provided, the relationship of the service to the identified speech therapy needs, and the member's response to the service. The progress note must include the reason for the service, symptoms and functioning of the member, a therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change, and the member's response to the intervention and/or treatment.

Documentation must also include the following:

- Signature with credentials
- Place of service
- Date of service
- Start-and-stop times

DOCUMENTATION

- Original Documentation must be maintained at the Local Education Agency (LEA) Board of Education central office. This includes billing forms, progress notes and evaluations. The LEA may keep an electronic version of such documentation.
- Providers may keep copies of the documentation for their use.
- Do not keep Medicaid member records in your car or home.
- For further information regarding documentation requirements refer to the Administration Services Training Module 1.

School-Based Health Services Contacts

MEDICAID PARTNERS:

West Virginia Department of Education

Office of Federal Programs:

■ Contact: Terry Riley 304-558-1965

tjriley@k12.wv.us

Bureau of Medical Services (BMS):

<http://www.dhhr.wv.gov/bms/Programs/Pages/default.aspx>

Home and Community Based Services Unit

School Based Health Services

■ Contact: Cynthia Parsons 304-356-4936

Cynthia.A.Parsons@wv.gov